

cs 1/22

THIS SPACE FOR OFFICE USE ONLY



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

'07 JAN 18 A10:38

F50  
SFANNI

STATE OF HAWAII  
STATE ETHICS COMMISSION

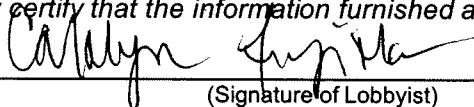
## LOBBYIST REGISTRATION FORM

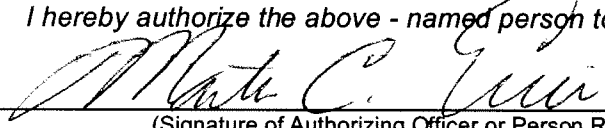
(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Fujioka	Carolyn		808-836-3946
MAILING ADDRESS (Street)			FAX
PO Box 29400 Honolulu, HI 96820			808-836-3958
(City)	(State)	(Zip Code)	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
(State Farm Insurance)			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
State Farm Insurance Companies		808-836-3946
MAILING ADDRESS (Street)		FAX
PO BOX 29400 Honolulu, HI 96820		808-836-3958
(City)	(State)	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Martin Erwin		(916) 321-6926
MAILING ADDRESS (Street)		FAX
1201 K. St. Ste 920		(916) 321-6905
(City)	(State)	(Zip Code)
Sacramento	CA	95814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	1/4/2007
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Martin Erwin	State Farm Counsel
NAME OF ORGANIZATION (if applicable)	TELEPHONE
State Farm Insurance	(916) 321-6926
MAILING ADDRESS (Street)	FAX
1201 K St. Ste 920	(916) 321-6905
(City)	(State)
Sacramento	CA
(Zip Code)	
95814	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
	1/11/07
(Signature of Authorizing Officer or Person Represented)	(Date)